PTO/SB/06 (08-03)
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to a collection of information unless it displays a valid OMB control number.

	PAII	ENT APPLIC		e for Form PTC		N RECORD		10/	63 7	155
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBE	NUMBER EXTRA		FEE		RATE	FEE	
ASIC FEE 7 CFR 1.16(a))						5	OR		s	
OTAL CLAIMS 7 CFR 1.18(c)) minus 20			minus 20			X \$=		OR	x \$=	
	PENDENT CLAIN FR 1,16(b))	IS .	minus 3 =			x \$		OR	X \$=	
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))					+30		OR	+\$_~_=		
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
	CI	AIMS AS AMI	ENDED -	– PART II		٠.				•
		(Column 1)		(Column 2)	(Column:3)	SMALL I	ENTITY	OR	OTHER SMALL	
	9/28/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE] .	RATE	ADDI- TIONAL - FEE
	Total (37 CFR 1.16(c))	. 16	Minus	20	0	x \$ =		OR	x s=	
	Independent (37 CFR 1.16(b))	. 4	Minus	4	10	x \$		OR	x s=	
AMENUMEN! A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+;		OR	+5 0	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	,	(Calumn 1)		(Column 2)	(Column 3)					
AMENDMENT B	5/107	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA E	ADDI- TIONAL FEE		AATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	· //	Minus	- 20	-	× 5	<u> </u>	OR	x 3 / -	
	Independent (37 CFR 1.15(b))	· 3	Minus	" 4		x s		OR ;	×	
ξ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+,		OR	/+ <u>, </u>	
				•		ADD'L FEE		OR	TOTAL ADD'L FEE	
/	0-1-07	(Column 1)		(Column 2)	(Column 3)			_		•
ے ح		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
MENDMENT	Total (37 CFR 1.18(e))	• //	Minus	. 20	- (x s=		OR	x \$=	
ב ב	Independent (37 CFR 1.18(b))	3	. Minus	<i>IF</i>	= 1	x \$		OR	× \$=	
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+3		OR	+ \$=	
_	<u> </u>					TOTAL	1	1	TOTAL	100

"If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.
"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3".

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.